

SNOWMOBILE CLUB INFORMATION FORM

PLEASE RETURN FORM TO:

Department of Conservation, Bureau of Parks and Lands

Snowmobile Program

22 SHS, Augusta, ME 04333-0022

1-800-462-1019 or 287-4957 Fax# 287-8111

To maintain accurate records, it is required that each club provide the information below on a yearly basis, even if the address or officers did not change. Sign orders cannot be filled until your club has submitted this form. If your club is no longer an active club please write **INACTIVE** with the club name and return this form so that we can keep our records current.

All clubs are encouraged to obtain a permanent PO Box or mailing address.

PLEASE PRINT CLEARLY

CLUB INFORMATION

CLUB NAME: _____

TOWN LOCATED: _____ COUNTY: _____

MAILING ADDRESS: _____
(permanent address)

**SIGN SHIPPING
ADDRESS (UPS)
NO PO BOX #s**

MONTH OFFICERS ARE ELECTED: _____

OFFICER INFORMATION:

PRESIDENT
NAME: _____

EMAIL: _____

HOME PHONE: _____

OFFICE/
CELL # _____

TRAILMASTER: _____

EMAIL: _____

HOME PHONE: _____

OFFICE/
CELL # _____

PLEASE COMPLETE FRONT AND BACK OF THIS FORM

**STATE OF MAINE
NEW VENDOR OR VENDOR UPDATE FORM**

**ALL SNOWMOBILE CLUBS, NEW OR OLD MUST COMPLETE THIS FORM
SIGNATURE REQUIRED AT BOTTOM**

EMPLOYER ID # (EIN): <u> E </u>	
(Federal ID number)	(nine digit number)

<u>NEW VENDOR INFORMATION:</u> (new clubs only)	
CLUB NAME: _____	
MAILING ADDRESS: _____	
CITY/STATE: _____	ZIP: _____

<u>VENDOR UPDATE:</u> (existing clubs)	NEW INFO	OLD INFO
CLUB NAME:	_____	_____
MAILING ADDRESS:	_____	_____
CITY/ STATE:	_____	_____
ZIP:	_____	_____

Please Sign Below

Submitted By: _____ Date: _____

Title & Phone # _____

I certify that the above information is accurate & correct as of this date. I am responsible for updating & maintaining this information on an annual basis by written communication via this form.

For official use only:

<input type="checkbox"/> Change request	
<input type="checkbox"/> New Vendor	State Agency & SHS: Dept. of Conservation SHS #22
<input type="checkbox"/> Multi address	Agency Contact Person: Shannon Ayotte / ORV
<input type="checkbox"/> Annual update	Contact's Phone Number: 287-4957 / shannon.ayotte@maine.gov